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| POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Number</td> <td>10567335</td> </tr> <tr> <td>Filing Date</td> <td>10-10-2006</td> </tr> <tr> <td>First Named Inventor</td> <td>Ingo Buettner</td> </tr> <tr> <td>Title</td> <td>MONITORING DEVICE FOR DATA PROCESSING SYSTEM</td> </tr> <tr> <td>Art Unit</td> <td>2182</td> </tr> <tr> <td>Examiner Name</td> <td>Daylan A. Lewis-Taylor</td> </tr> <tr> <td>Attorney Docket Number</td> <td>COMPATENT-005-US</td> </tr> </table> | Application Number | 10567335 | Filing Date | 10-10-2006 | First Named Inventor | Ingo Buettner | Title | MONITORING DEVICE FOR DATA PROCESSING SYSTEM | Art Unit | 2182 | Examiner Name | Daylan A. Lewis-Taylor | Attorney Docket Number | COMPATENT-005-US |
| Application Number | 10567335 | | | | | | | | | | | | | | |
| Filing Date | 10-10-2006 | | | | | | | | | | | | | | |
| First Named Inventor | Ingo Buettner | | | | | | | | | | | | | | |
| Title | MONITORING DEVICE FOR DATA PROCESSING SYSTEM | | | | | | | | | | | | | | |
| Art Unit | 2182 | | | | | | | | | | | | | | |
| Examiner Name | Daylan A. Lewis-Taylor | | | | | | | | | | | | | | |
| Attorney Docket Number | COMPATENT-005-US | | | | | | | | | | | | | | |

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

62008

OR

☐ I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

| Practitioner(s) Name | Registration Number |
|----------------------|---------------------|
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☒ The address associated with the above-mentioned Customer Number.

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☐ The address associated with Customer Number:

OR

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| Address | | | |
| City | State | Zip | |
| Country | | | |
| Telephone | Email | | |

I am the:

☐ Applicant/Inventor.

OR

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on _____

SIGNATURE of Applicant or Assignee of Record

| | |
|--|---|
| Signature <div style="text-align: center;"> </div> | Date <div style="text-align: center;">03.11.2009</div> |
| Name <div style="text-align: center;">Ingo Buettner</div> | Telephone |
| Title and Company | |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ *Total of _____ forms are submitted.

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